No. 300
10.48

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

FILED APR 21 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 14349

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 100 Registrar's No. 808

1. PLACE OF DEATH
a. COUNTY: ST. LOUIS
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): LEMAY, Mo.
c. LENGTH OF STAY (in this place): 4 DAYS
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): MT. ST. ROSE

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: MISSOURI
b. COUNTY: 219
c. CITY OR TOWN: ST. LOUIS
d. Is Residence within limits of a city or incorporated town? Yes ☐ No ☒
e. STREET ADDRESS (If rural, give location): 3909 A WYOMING ST.

3. NAME OF DECEASED (Type or Print): a. (First) Arthur b. (Middle) Henry c. (Last) Suda

4. DATE OF DEATH: (Month) 4/7 (Day) (Year) 55

5. SEX: MALE ○

6. COLOR OR RACE: WHITE

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): MARRIED

8. DATE OF BIRTH: NOVEMBER-7-1897

9. AGE (In years last birthday): 57 | IF UNDER 1 YEAR Months: 5 Days: 0 | IF UNDER 24 HRS. Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): EXPEDITOR

10b. KIND OF BUSINESS OR INDUSTRY: EMERSON ELECTRIC

11. BIRTHPLACE (City and State or Foreign Country): ST. LOUIS MO. ○

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: MICHAEL SUDA

13b. MOTHER'S MAIDEN NAME: ELIZABETH FLACKE

14. NAME OF HUSBAND OR WIFE: LEONA

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): NO
(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 488-05-8665

17. INFORMANT'S SIGNATURE OR NAME ADDRESS: LEONA SUDA 3909 A Wyoming ST.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pulmonary Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 40 hours

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Pulmonary Tuberculosis FA (active) — 12 years
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION: 002X

20. AUTOPSY? YES ☒ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 6 April, 1955, *to* 7 April, 1955, *that I last saw the deceased alive on* 7 April, 1955, *and that death occurred at* 1:10 p m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): John F. McCann M.D.

23b. ADDRESS: 910 1 S. Broadway

23c. DATE SIGNED: 8 April 55

24a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL

24b. DATE: 4/11/55

24c. NAME OF CEMETERY OR CREMATORY: RESURRECTION CEM.

24d. LOCATION (City, town, or county) (State): ST. LOUIS COUNTY Mo.

DATE REC'D BY LOCAL REG.: 4/18/55

REGISTRAR'S SIGNATURE: Reobert B. Lemke M.D.

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS: JOHN H. GERKEN SONS. 2630 GRAVOIS

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was emba

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

[redacted]udent.....
Signature of Student Embalmer

Signed..Robert F. Gebken.....

Licensed Embalmer No..414.

P. O. Address2630 Grav

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Fa
to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.